

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9032

980

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
c. LENGTH OF STAY (in this place) <u>35 years</u>				d. STREET ADDRESS (If rural, give location) <u>2211 East 37th Street</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				3. NAME OF DECEASED a. (First) <u>MRS. JAMES</u> b. (Middle) <u>S</u> c. (Last) <u>SULLIVAN</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27 1950</u>				5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widow</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) <u>Farmersville, Texas</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>Wm. S Graham</u>				13b. MOTHER'S MAIDEN NAME <u>Mattie Kinsey</u>			
14. NAME OF HUSBAND OR WIFE <u>Thomas J Sullivan</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____			
16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>R C Stroh</u> ADDRESS <u>4622 Virginia</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>8 mo</u>				19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov 9, 1949</u> to <u>Feb 27, 1950</u> , that I last saw the deceased alive on <u>Feb 27, 1950</u> and that death occurred at <u>6:50 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harold V. Zuber</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>600 Prof. Bldg.</u>			
23c. DATE SIGNED <u>3-1-50</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>Mar 2 1950</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Quirk, Robin C.</u> ADDRESS <u>20 W Linwood</u>			
DATE REC'D BY LOCAL REG. <u>3-2-50</u>				REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Therest D. Golden

Licensed Embalmer No. 4714

P. O. Address R.O. Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.